

CHILD AND ADULT CARE FOOD PROGRAM

ENROLLMENT FORM

(to be filled out by *parent or guardian only*)

Child's Name _____ Birthdate ____-____-____

Does child live in provider's home? Y___ N___ CACFP Revision or

Sex: M___ F___ Related to Provider? Y___ N___ Enrollment Date ____-____-____

Race: Black: ___ White: ___ Hispanic: ___ Am. Indian: ___ Asian: ___ Other: ___

Food allergies requiring a food substitution? Yes___ No___ (Explain and include Dr's note suggesting substitution): _____

Day Care Provider's (*not* Day Care) Name: _____

Name of Parent/Guardian: _____

Address (number & street): _____

City _____ State _____ Zip _____

Home phone number: _____ Work phone number: _____

Signature of parent/guardian: _____

To Parent or Guardian: These meals are provided at no extra charge and without any discrimination for reasons of race, color, national origin, age, sex, or handicap. Any person who believes that he or she has been discriminated against should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Child's schedule of hours in day care (please circle AM or PM below):

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IN	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
OUT	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
IN	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
OUT	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

Exact *times* present if *not in school* (vacations, ill, holidays): _____

Expected meals while child is in provider's care (keeping in mind provider's meal schedule):

Breakfast___ AM Snack___ Lunch___ PM Snack___ Supper___ EV Snack___

I have checked *all* information on this form for accuracy _____

Provider's Signature*

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 Discharge Date: \_\_\_\_\_

Provider: Remember to notify us immediately of any changes to this form--names, addresses, phone numbers, hours/days in care, meals served, etc.--including discharge from care, and to keep a copy of this form with each child's records. All enrollment forms expire on August 31st each year, regardless of when they were received.